

International Sustainability Leadership Project

July 18 - August 5, 2011

Participant Application

(Local Residents)

Complete and submit all application materials to: City of Beaverton Sister Cities Program • 4755 S.W. Griffith Drive, 3rd floor • P.O. Box 4755 Beaverton, Oregon 97076 • Email: tbaird@ci.beaverton.or.us • Fax: 503.526.2479. A completed packet includes the ISL Project application responses, personal statement and two references.

Personal Information:

Name _____
Nickname (prefer to be called) _____ Gender male female
Birth Date (m/d/yy) __/__/19__) Country of Birth _____
Current Address _____ (valid until _____)
City _____ State _____ Postal zip _____
Current Phone _____
Current E-mail _____ Alternate E-mail _____
Permanent /Family Address (if different) _____
City _____ State _____ Postal code/*zip _____

Emergency Contacts:

1. Name _____ Relation to you _____
Address _____
Day Phone _____
2. Name _____ Relation to you _____
Address _____
Day Phone _____

Current Academic/Employment Information:

Name of school/university, if currently attending _____
Major area of study _____
Name of employer, if currently working _____
Type of business _____
Your title/position _____

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Personal Statement:

(Please type your responses to these questions on a separate sheet of paper.)

1. How does the International Sustainability Leadership Project relate to your present and future academic and career goals? (Maximum of 250 words)
2. Describe the personal growth/leadership development you hope to experience as a result of your participation in the ISL Project. (Maximum of 250 words)

Time Commitment:

I can commit to actively participating in the ISL Project each week day from 8:30 a.m. until 4:30 pm from Monday, July 18 until Friday, August 5, 2011. Yes _____ Possibly _____

Days/times I may not be available: _____

Reason _____

Please List Two (2) References:

Name (Print) _____

Position & Employer: _____

Phone: _____ Email: _____

Name (Print) _____

Position & Employer: _____

Phone: _____ Email: _____

Agreement and Waiver

Your signature on this application form indicates your understanding and acceptance of the following:

I certify that all of the above information is correct, and I agree to stand by the policies and procedures set forth by the City of Beaverton (COB) and partner institutions. I understand that COB and its affiliated institutions, in arranging this project, act only as agents. As such, neither COB, nor any of its employees, or persons, parties, organizations, or agencies collaborating with them is or shall be responsible or liable for injury, loss, damage, deviation, delay, curtailment, (however caused), or the consequences thereof which may occur during any travel or project activities.

Signature of applicant _____ Date _____

For additional information, contact:

Theresa Baird, Sister Cities Program Coordinator, City of Beaverton
Email: tbaird@ci.beaverton.or.us • Phone: 503.526-2499 • FAX 503.526-2479

-or visit -

www.beavertonoregon.gov/departments/sistercities